

S/N 09/292,437

PATENT

#5
Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Olaf Schneewind et al. Examiner: Not assigned
Serial No.: 09/292,437 Group Art Unit: 1643
Filed: April 15, 1999 Docket No.: 510015.213
Title: IDENTIFICATION OF SORTASE GENE

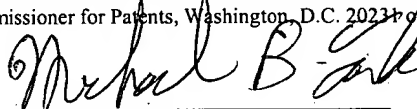
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JUL 06 1999

TECH CENTER 1600/2900

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on June 10, 1999.


Michael B. Farber

REQUEST FOR CORRECTED FILING RECEIPT

Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

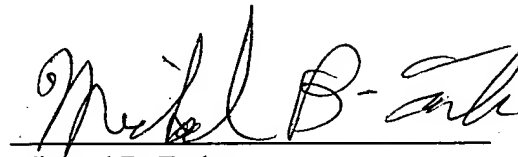
Enclosed is a copy of the Filing Receipt from the United States Patent and Trademark Office in the above-identified application showing requested corrections. The filing receipt is erroneous in the following respects as reflected in the papers as originally filed on April 15, 1999. Under the heading "FIL FEE REC'D", the correction should read: **\$1,463.00** and under the heading "IND CL", the correction should read **13**.

Correction of the records of the United States Patent and Trademark Office and issuance of a corrected Filing Receipt are respectfully solicited.

Respectfully submitted,

Date:

June 16, 1999



Michael B. Farber
Reg. No. 32,612

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FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
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OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/292,437	04/15/99	1643	\$2,770.00	510015.213	14	97	11

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

OLAF SCHNEEWIND, LOS ANGELES, CA; SARKIS MAZMANIAN,
SHERMAN OAKS, CA; GWEN LIU, LOS ANGELES, CA; HUNG
TON-THAT, LOS ANGELES, CA.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/02/99
TITLE
IDENTIFICATION OF SORTASE GENE

PRELIMINARY CLASS: 435

DATA ENTRY BY: NIMMONS, EVELYN

TEAM: 02 DATE: 06/02/99

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

(see reverse)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Olaf Schneewind et al.	Examiner:	Not assigned
Serial No.:	09/292,437	Group Art Unit:	1643
Filed:	April 15, 1999	Docket:	510015.213
Notice of Allow. Date:	N/A	Batch No.:	N/A
Due Date:	August 2, 1999		
Title:	IDENTIFICATION OF SORTASE GENE		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described hereinabove, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on June 10, 1999.

By: 

Michael B. Farber

Application Processing Division's
Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Request for Corrected Filing Receipt, Copy of Filing Receipt
- ☒ Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 16-2230. A duplicate of this sheet is enclosed.

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By: 

Name: Michael B. Farber
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MBF/sjm